



# Create Privileged OCF/SCF Account

Check one

☐ New Account(s) ☐ Renew Account(s)

This form is to create a privileged OCF/SCF account for LC systems.

## Section A: User Information

Last Name	First Name	Middle Initial
Official User Name (last name + number)	Phone	L-Code (LLNL only)
Citizenship (if not U.S., include VTS#)	Department/Division	Clearance Level (Q, L, P)
Regular User Name	Preferred Privileged User Name (8 character max.)	Employee Number
		Unclassified E-mail
		UID (for LC use only)

## Section B: Non-LLNL Employees

Complete Company Name and Address (including ZIP code)	
Company Supervisor Name (please print)	Phone

## Section C: System Information and System Authorization

<b>System Information</b> List system(s) needed for this request. Listing more than one machine per line is allowed.		<b>System Authorization</b> As the responsible ISSO (for OCF) or AISSO (for SCF), I certify that I am aware of this user's business need and approve privileged access on these systems for this user.	
OCF	ISSO (please print)	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SCF	AISSO (please print)	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Section D: User Agreement

I am aware that this privilege is for my exclusive use, and I will not share it. I have been informed of and understand the special responsibilities that exist regarding this privilege. I am also aware that misuse of this privilege could compromise the security and/or integrity of the computer subsystem, which could lead to disciplinary action and revocation of this privilege.	
User's Signature	Date

## Section E: LLNL Supervisor/Sponsor Authorization

I request that the above user be granted privileged access to these systems. I am aware of the job responsibilities of this individual, and I certify that the business need is valid. I have verified that this user has the appropriate clearance needed and I agree to notify the LC Support Hotline when this user no longer needs access.			
LLNL Supervisor/Sponsor Name (please print)	LLNL Supervisor/Sponsor Signature	Phone	Date

Mail or fax completed forms to LC Customer Service Group

Lawrence Livermore National Laboratory, PO Box 808, L-63, Livermore CA 94551 • Fax (925) 422-0592

Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to [lc-support@llnl.gov](mailto:lc-support@llnl.gov)